



Winnebago County Board of Health

Policy Statement on Importance of Shared Private and Public Responsibility for Women's Health Services

Background:

As a nation and as a community, we have made extraordinary progress in promoting and improving women's health; however, far too many women remain underserved. There must be a shared responsibility between private, non-profit, and the public health care sectors to insure all women can access medical services, receive treatment and have science-based information supportive of healthy choices. From scheduling regular medical exams, to eating healthy, to using sunscreen, simple everyday activities can have a positive impact on the lives and longevity of women. The health of women is not just a women's health issue, everyone has a vested interest. Women are the foundation for most families and by encouraging their wellness, we also promote the vitality of our children and our community.

One of the more important areas of women's health relates to reproductive health services and the ability to prevent unintended pregnancies. The availability of such services allows individuals to achieve desired birth spacing, family size and contributes to improved health outcomes for infants, children and women.¹ These services include contraceptive and broader reproductive health services including patient education and counseling, breast and pelvic exams, breast and cervical cancer screenings, sexually transmitted infection (STIs) and human immunodeficiency virus (HIV) prevention education counseling, testing and referral, and pregnancy diagnosis and counseling. For many women these services are the entry point into the health care system and comprise their usual source of care. Publicly funded services are particularly important for those who are underinsured or uninsured, who are near or below poverty level and for women who are African American and of Hispanic ethnicity.^{1, 2}

For individuals who are sexually active, correct and consistent contraceptive use is effective in preventing unintended pregnancy. In Winnebago County there are 58,342 women of reproductive age (15-44).³ Extrapolating from national statistics, more than half of these women (>24,000) are in need of contraceptive services and supplies; that is they are sexually active and able to become pregnant. The number of women in this age group has remained stable over the ten year period between 2000 and 2009 (Winnebago County). By the age of 45 more than half the women will have experienced an unintended pregnancy and about 1/3 will have had an abortion. A typical woman of reproductive age who intends to have two children spends about three decades trying to avoid pregnancy and only a few years actually trying to become or being pregnant.²

Local Health Care and Public Health Initiatives:

Sexually active women who are not seeking pregnancy may practice contraception poorly or many not use a method at all. There are a wide range of reasons to explain this contradiction, including personal feelings and beliefs, experiences with methods, fears about side effects, partner influences, cultural values and norms and barriers in the contraceptive care system.¹ Thus, approaches to helping women prevent unintended pregnancies require strategies that address each of these issues.

To the extent that this complex picture of women's motivation and of client-provider interaction can either hinder or enable effective contraceptive practice are understood and systemically addressed, the greater the degree of success in preventing the consequence of unplanned pregnancy. Since the majority of women seek such services through their primary health care provider, it is especially important to minimize barriers to uninterrupted, culturally competent contraceptive services.

The Winnebago County Health Department provides a range of clinical and support services to serve women and their young children during this vulnerable time. Direct health care services are in women's health care (including family planning), pediatric and adult immunizations, well child services, sexual health clinics, and school-linked health services (serving seven elementary schools). Support services include targeted intensive prenatal case management for high-risk women, family case management, women, infant and children food supplemental services, teen parent services that strive to keep young pregnant moms connected with school and prevent subsequent pregnancies, and breast and cervical cancer screening services among others.

What is Needed:

- Expansion of access to family planning services to improve pregnancy planning and spacing and to prevent unintended pregnancy is a national goal under Healthy People 2020.⁴
- Recognition of the reality that helping teens and young adults avoid early and unplanned pregnancy in the first place will help avoid negative consequences that can hinder the completion of their education and/or obtaining skills needed in today's job market and limiting their ability to break the cycle of poverty. One of the most direct ways to help reduce poverty is to help teens and young adults wait to have children until they are prepared for life-long responsibilities of raising a child.⁵
- Counseling those who are already parents, to help them plan for their future family goals and how additional children might affect their relationship, their finances and their ability to be the best parents they can be for the child or children they already have.⁵
- Routine provision of individualized contraceptive counseling about method selection and long term use that is based on regular assessment of the women's

sexual activity, relationship, characteristics and changes, including life events such as family difficulties, work or school.⁶

- Elimination of the barriers that many women face in accessing contraceptive services. These barriers include lack of insurance, high cost, providers and health insurance plans that do not provide services or coverage for contraception⁷ and pharmacy refusal to dispense contraceptive medication.
- Provision of interventions for teens that include a holistic approach to adolescent health and wellness in coordination with engaging youth in community service activities. This combination of behavioral intervention with community service either with or without components that are focused directly on pregnancy and STI prevention, demonstrates effectiveness in reducing sexual risk behaviors.⁸
- Inclusion of Comprehensive Risk Reduction (CRR) services that promote behaviors that prevent or reduce the risk of pregnancy, HIV and other sexually transmitted infections (STIs). These interventions promote abstinence and sexual risk reduction without emphasis being placed on one approach above the other.⁹
- Assurance of access to primary care services for adolescents and young adults that make disease prevention, health promotion and behavioral health services including early identification, management and monitoring of current or emerging health conditions and risky behaviors (e.g. substance use, violence, eating disorders, sexual activity, etc.) an integral component of routine primary care.¹⁰ Accessibility implies payment systems that support such care.
- Incorporation of family planning services as an integral part of the full range of preventive services to be funded by the Patient Protection and Affordable Care Act. This should include coverage for the full range of reversible and permanent contraceptive drugs, devices and procedures; related clinical services necessary to appropriately supply those methods, such as insertion and removal of devices; and the counseling and patient education that health care providers should routinely provide to help women and men gauge their own contraceptive needs and practice contraception most effectively.¹¹

Why It's Important:

- Early and unplanned pregnancies often derail educational attainment, which is crucial to succeeding in the 21st century economy and qualifying for well paying jobs. Only 40% of mothers who have children before age 18 ever graduate from high school compared to about three-quarters of similarly situated young women who delay childbearing until the ages of 20 or 21. Less than 2% of mothers who have children before age 18 complete college by the age of 30 compared to 9% of young women who wait until the age of 20 or 21 to have children.⁵
- Half of all pregnancies are unplanned. More than three-quarters of all unplanned pregnancies occur to women younger than 30 years of age, and seven in ten pregnancies among unmarried women in their 20's are unplanned.⁵ Many

unplanned pregnancies result in a birth having a significant negative consequence for the child and family, including poverty. Research substantiates a strong link between the ability to plan pregnancies with decreased poverty and increased educational and workforce opportunities for women.

- Nearly one in four adult women are at high risk for becoming unintentionally pregnant because they experience a gap in contraceptive use. Eight percent use no contraception at all and 15% have a gap in use of one month or longer. An additional 27% of adult women are at elevated risk for unintended pregnancy because they use their contraceptive method inconsistently or incorrectly. Adult women account for more than 87% of total unintended pregnancies (Winnebago County).¹
- Research shows that for every one dollar spent on publically funded family planning services saves between \$3.74 and \$4.02 in Medicaid expenditures that would otherwise have been needed.^{2, 7}

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